	PATEI TF	Reduction Act of 1995, no persons are required to UTILITY NT APPLICATION RANSMITTAL visional applications under 37 CFR 1.53(b))	First Title	U.S. Patent a o a collection mey Docket Inventor ess Mail Lab	of inform	PTO/SB. proved for use through 07/31/2005. OMB in the emark Office. U.S. DEPARTMENT OF COntain unless it displays a valid OMB control of the emark o	05 (08-03 0651-003; MMERCE ol number	DN
1. V F	ee Transmittal F	CATION ELEMENTS  concerning utility patent application contents.  Form (e.g., PTO/SB/17)	ــــــــــــــــــــــــــــــــــــــ	RESS TO		Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria VA 22313-1450		
2.	pplicant claims are a population of the property of the proper	and a duplicate for fee processing) Small entity status.  [Total Pages 16 ] ent set forth below) the invention the invention the gappendix Invention the Drawings (if filed) the Drawings (if filed) for application (37 CFR 1.63(d)) (divisional with Box 18 completed) Tell INVENTOR(S) or application, see 37 CFR 1.33(b). The interval of the processing of th	g	ii. Stat  ACCOMF  Assignm 37 CFR: (when th English 17 Informati Statemer Prelimina Return Ri (Should b) Certified b( (if foreign Nonpublic (b)(2)(B)(i) or its equir	con Discount (IDS), ry Americal (IDS), ry Americal (IDS), ry Americal (IDS), ry Americal (IDS), attion (IDS), atti	Readable Form (CRF) on Sequence Listing on:  ROM or CD-R (2 copies); or  r severifying identity of above copies ING APPLICATION PARTS  Deers (cover sheet & document(s)) Statement on assignee) Attorney ion Document (if applicable) closure Pro-1449 Copies of IDS Citations indically itemized) Priority Document(s) iis claimed) Lequest under 35 U.S.C. 122 cant must attach form PTO/SB/35	15535 U.S. PTO 10/664233	
Prior application For CONTINUA	inuation information: TION OF DIVISIO	CATION, check appropriate box, and supply, or in an Application Data Sheet under 37 (  Divisional Continuation  Examiner  NAL APPS only: The entire disclosure of the particular of the accompanying continuation or lied upon when a portion has been inadverten  19. CORRESPONDE	n-in-part (C	IP) of	prior ap	plication No.:	ox	
F=31		19. CORRESPONDE	uv ommme	I trom the end	bmitted	application parts.		
Name Custon	ner Number:	36829		OR		Correspondence address below		
Address						address below		

Registration No. (Attorney/Agent) 37,532 This collection of information is required by 37 CFR 1.53(2). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an amplitudion. Commentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS of you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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Jeffrey J. Schwartz

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TEE TO A MODALTT A I		Complete if Known							
FEE TRANSMITTAL	Appli	Application Number							
for EV 2002	Filing	Filing Date							
for FY 2003	First Named Inventor		or Park et al.						
Effective 01/01/2003. Patent fees are subject to annual revision.	Exan	Examiner Name							
Applicant claims small entity status. See 37 CFR 1.27	Art Unit								
TOTAL AMOUNT OF PAYMENT (\$) 375.00	Attor	Attorney Docket No. 122/18							
		FEE CALCULATION (continued)							
METHOD OF PAYMENT (check all that apply)	3. ADDITIONAL FEES								
		Small Entity	•						
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The Director is authorized to: (check all that apply)	1053 130 1812 2,520	I		t for ex parte reexamination					
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2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1501 1,30	1	Utility issue fee (						
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**or number previously paid, if greater; For Reissues, see above	*Reduced	Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 0.							
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Name (Print/Type)  Name (Print/Type)  Jeffrey J. Schwartz		stration No. 37,	532	Telephone 704/552-188	9				
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Signature M4/1/2				tion should not					

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